

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10239

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** ANDERSON HILL SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13145 PALMER DR  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

13206 PALMER DR  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 59-2405568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUFFMAN, PAUL D  
13206 PALMER DR  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HUFFMAN, PAUL  
Address: 13206 PALMER DR  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: KIRKPATRICK, BOB  
Address: 13206 CASPER LN.  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: LEWIS, LEON  
Address: 13205 PALMER DR.  
City-St-Zip: CLERMONT, FL 34711

Title: P ( ) Delete  
Name: SOLES, GARY  
Address: 13145 PALMER DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete  
Name: LEDWIDGE, ASHER  
Address: 13212 ANDERSON HILL RD.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL D. HUFFMAN

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date